

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 13 1936

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

41430

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 2356 So. 10<sup>th</sup> St)

File No. ....  
 Registered No. 10654  
 St. .... Ward

**2. FULL NAME** ANNA SMART

(a) Residence, No. 2356 So. 10<sup>th</sup> St., 23 Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Thomas Smart</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 25 1858</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>82</u>	<u>7</u>	<u>20</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1935  
 22. I HEREBY CERTIFY, that I attended deceased from Jan 15 1931, to Dec 15 1935  
 I last saw her alive on Dec 15 1935 Death is said to have occurred on the date stated above, at 8:15 p.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset Jan 1934  
Chronic nephritis 131 Jan 1934

Name of operation..... Date of.....  
 What test confirmed diagnosis? Phys. Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) W. Albert M. D.  
 (Address) W. Albert Mo

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Covington Kentucky</u>
	13. NAME <u>George Meyer</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Don't Know</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Patricia Smart</u> <u>2356 So. 10th St.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Pauls Churchyard</u> DATE <u>Dec. 19<sup>th</sup> 1935</u>	
19. UNDERTAKER (ADDRESS) <u>Weiss Bros</u> <u>2201 So. Grand Blvd</u>	
20. FILED 19..... <u>J. F. Bredeck</u> Registrar.	

DEC 17 1935

